



This form is intended to be used to update contact information, to be added to our mailing list or to be used in conjunction with your first order of materials.

www.dhs.ca.gov/cpltc
Phone: (916) 323-4253 ♦ Fax: (916) 323-4238

Database Entry Form

Please **COMPLETE**, print & Fax or click the SUBMIT FORM button

Date: _____

☐ please **ADD** ☐ please **CHANGE** ☐ please **DELETE**

Name: _____
First Last

Title: _____

Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Ext: _____ Fax: _____

Email: _____

Agents/Brokers

Please check those which apply:

☐ Agent

☐ Broker

If any of the boxes above are checked we request the following additional information.

CTQ/LTC Authorized?

☐ Yes ☐ No ☐ Unknown

CPLTC Authorized?

☐ Yes ☐ No ☐ Unknown

Agent License # (**required**):

☐ Sales Manager

Non Agents/Brokers

☐ CMPA/Claims

☐ Other State PLTC

☐ AAA/HICAP

☐ IUDSS

☐ CA State Gvt

☐ Provider

☐ CA County Gvt

☐ Non-Profit Org.

☐ CA City Gvt

☐ Trainer

☐ Consultant

☐ Endorser

☐ Consumer Group

☐ Researcher

☐ Insurer

☐ Other, Please Specify:

☐ Legislator

☐ Media

☐ Other State Gvt

Agent Partnership Company: (check all that apply)

Bankers ☐

CNA ☐

GE ☐

John Hancock ☐

NYLife ☐

Transamerica ☐

CE Training Provided By:

Date Training Completed: _____

☐ Sandi Kruse Insurance Training

☐ Miley Education & Insurance

☐ Senior Insurance Training Services, Tom Orr